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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 47192-312177
Application Number 10/524,752	Filed Jul 7, 2005	
For METHOD FOR THE PRODUCTION OF AN ANISOTROPIC MAGNETIC POWDER AND A BONDED ANISOTROPIC MAGNET PRODUCED THEREFROM		
Art Unit 1793	Examiner John P. Sheehan	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ <u>1110</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.
☐ A check in the amount of the fee is enclosed.
☒ Payment by credit card. Form PTO-2038 is attached. Payment via EFS Web
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to the Deposit Account Number 11-0855.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 46,895

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. _____.

/Kristin M. Crall 46,895/ _____ Signature Kristin M. Crall _____ Typed or printed name	June 3, 2009 _____ Date 404.815.6147 _____ Telephone Number
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.